

DEDEDO
Tel: 635-7471/2
Monday-Thursday 8:00am-6:00pm
Friday 8:00am-5:00pm
Saturday 8:00am-12:00pm

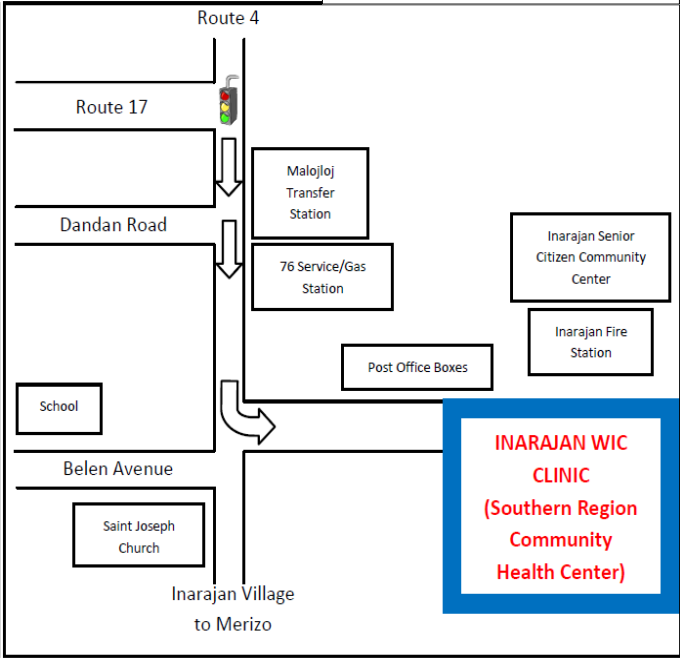
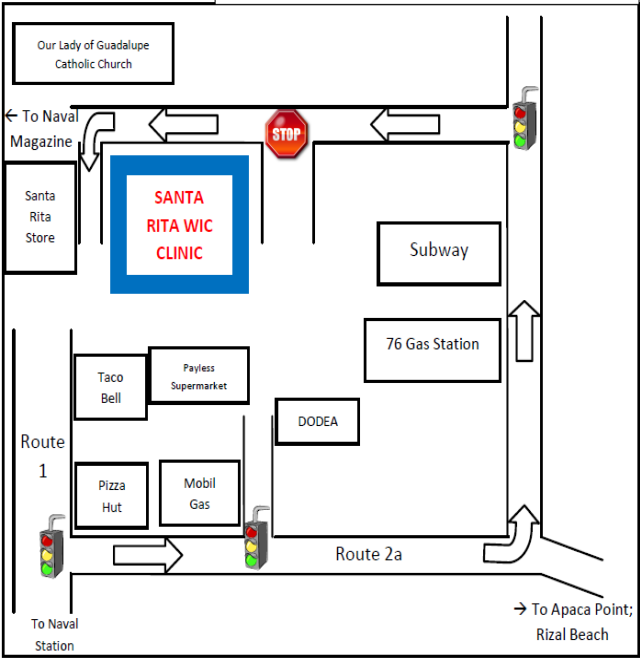
TIYAN
Tel: 475-0295/6

Appointments
Mondays & Fridays ONLY
8am-12pm

Walk-ins
Mondays & Fridays 1pm-6pm
Tues-Wed-Thurs 8am-6pm
(First Come, First Serve Basis)

SANTA RITA
Tel: 565-3537
Tuesday & Thursday 8:00am-5:00pm

INARAJAN
Tel: 828-7550
Wednesdays only 9:00am-4:00pm



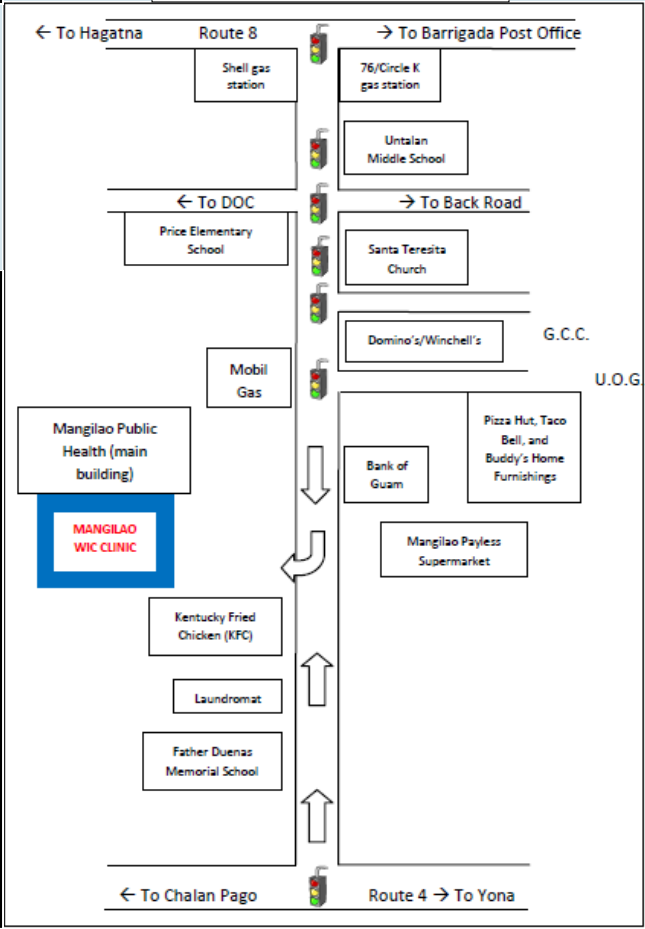
WHERE TO APPLY?

Guam WIC Clinic Locations

All locations are CLOSED every LAST FRIDAY of the month for staff training and on Government holidays.

Department of Public Health & Social Services
Guam WIC Program
15-6100 Mariner Avenue Barrigada, Guam 96913-1601

MANGILAO
Tel: 735-7180/1
Monday-Friday 8:00am to 6:00pm
Saturday 8:00am-12:00pm



WIC Clinic (circle one):
Dededo • Tiyan • Mangilao • Santa Rita • Inarajan

WIC Appointment Date & Time

Family ID #

Authorized Representative's Name





WHAT IS WIC?

The GUAM WIC PROGRAM is a special supplemental nutrition and education program for women, infants, and children (up to 5 years old).

It is a Health Promotion Program, not a welfare program. It teaches you and your family to be aware of your nutritional needs and to practice good eating habits. The Guam WIC Program helps you to be healthy during times of rapid growth. It promotes and supports breastfeeding, helps you prevent medical problems, and helps lower your health costs.



WHAT DOES WIC PROVIDE?

- Nutritional group classes.
- Personalized nutrition counseling.
- Breastfeeding information and support, including hospital and home visits, if needed.
- Food guides for feeding yourself, your infants, and your children.
- Supplemental foods, such as milk, eggs, fortified cereals, 100% fruit and vegetable juices, dry beans, peanut butter, whole wheat bread, vegetables, and fruits.
- Infant cereal, infant vegetables, and infant fruits.
- Referrals to other community programs (government and private) as needed.



WHO CAN APPLY?

ARE YOU ELIGIBLE FOR WIC? FIND OUT BY GOING TO THIS WEBSITE
<https://wic.fns.usda.gov/wps/pages/start.jsf>

You can apply if you are:

Women: Pregnant, postpartum (up to 6 months after infant's birth), or a breastfeeding woman (up to infant's 1st birthday);

Infants: A parent/guardian for an infant (0-11 months old);

Children: A parent/guardian for a child under 5 years old.



WHAT TO BRING TO YOUR APPOINTMENT?

Bring the following to your certification or first appointment:



Most recent paycheck stubs of everyone working and/or retired in the household. Any proof of cash income, such as child support, tips, or LES document.

Sample Checkstub

Earnings						
Rate	Month	Regular Hours	Over Time	Regular	Over Time	Gross Pay
\$8.50	Sept	160	0	\$1360.00	0	\$1360.00
Deductions						
FICA	SDI	FIT	SIT	INS	Ret	Net Pay
\$120.00	\$27.20	\$108.80	\$61.20	\$27.20	\$81.60	
FICA - Social Security SIT - State Income Tax		SDI - Disability INS - Insurance		FIT - Federal Income Tax Ret - Retirement		



Most recent **Notice of Action** for Medicaid, SNAP (formerly Food Stamp), or TANF.



Proof of Residency. Any document with the caretaker's name and home address, such as a Guam driver's license, lease/rental agreement, utility/cable bill, or a note from homeowner where you live with supporting name and home address.



Current proof of I.D.

For Adults: Valid Guam ID Card, Passport, Driver's License, or Work or School ID



For Infants (0-11 months old): crib card, hospital birth certificate, or official birth certificate; and shot record/immunization card

For Children (under 5 years old): official birth certificate and shot record/immunization card

LOCAL FILE NO. CERTIFICATE OF LIVE BIRTH BIRTH NUMBER:

CHILD	1. CHILD'S NAME (First, Middle, Last, Suffix)	2. TIME OF BIRTH (24 hr)	3. SEX	4. DATE OF BIRTH (Month/Day/YY)
	5. FACILITY NAME (If not institution, give street and number)	6. CITY, TOWN, OR LOCATION OF BIRTH	7. COUNTY OF BIRTH	
MOTHER	8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)	8b. DATE OF BIRTH (Month/Day/YY)		
	8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)	8d. BIRTHPLACE (State, Territory, or Foreign Country)		
FATHER	9a. RESIDENCE OF MOTHER-STATE	9b. COUNTY	9c. CITY, TOWN, OR LOCATION	
	9d. STREET AND NUMBER	9e. APT. NO.	9f. ZIP CODE	9g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No
CERTIFIER	10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)	10b. DATE OF BIRTH (Month/Day/YY)	10c. BIRTHPLACE (State, Territory, or Foreign Country)	
	11. CERTIFIER'S NAME: TITLE: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> HOSPITAL ADMIN. <input type="checkbox"/> ONCMOM <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> OTHER (Specify) _____	12. DATE CERTIFIED MM DD YYYY	13. DATE FILED BY REGISTRAR MM DD YYYY	

IMMUNIZATION RECORD
Comprobante de Inmunización

Nombre _____
 Nombre _____
 Birthdate / fecha de nacimiento _____
 Allergies / alergias _____
 Vaccine Reactions / reacciones a cualquier vacuna _____

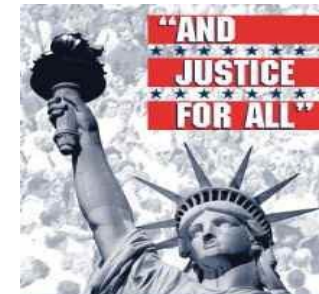
RETAIN THIS DOCUMENT — CONSERVE ESTE DOCUMENTO



Bring the **infant and/or child under 5 years old.**



For legal guardians (if not natural parents), **bring court documents.**



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